

CDC DATASHEET (SERVICE PROVIDER / SOFTWARE VENDOR)

Institution: Examiner:
 City, State: Sup. Code:
 SMS #:

Please indicate below which of the required 'checks' on the institution you are performing:

Description	Date/time	Method of contact
11/4/99 TEST ==> Final 1999 'Health Check' (12/20/1999 - 12/30/1999)	<input type="text"/>	<input type="text"/>
'Lights on' check (1/1/2000 for most banks)	<input type="text"/>	<input type="text"/>
After first full processing cycle in 2000 (1/4/2000 for most banks)	<input type="text"/>	<input type="text"/>
Other contact (whenever appropriate)	<input type="text"/>	<input type="text"/>
Other contact (whenever appropriate)	<input type="text"/>	<input type="text"/>
Other contact (whenever appropriate)	<input type="text"/>	<input type="text"/>

During the 'Final 1999 Health Check' please obtain the following information from the institution:

Contact name and title:
 Work phone number:
 Home phone number:
 Cell phone number: * *if available

1. Please assess the overall status of the institution's operating performance:

- ☐ **Code Green:** operating normally, though minor problems may exist; the institution's management is adequately addressing any problems
- ☐ **Code Yellow:** operating problems or liquidity-related problems exist which have required implementation of the Y2K contingency plan, which has been effective; customer banks have been impacted, but the problems do not currently threaten operational viability
- ☐ **Code Red:** the institution is experiencing significant Y2K operating problems, which are not being effectively addressed by management and threaten the operational viability of the institution and/or customer banks (please call Aida Plaza Carter at 202/874-4610)
- ☐ The institution has not yet determined its status

Comment. Please briefly explain the recommended supervisory course of action for any institution not operating normally. Address any recommendations for supervisory action at client banks.

2. Has the institution experienced a significant operating problem with any of its mission critical systems or applications?

- ☐ Yes (**complete all of question 2**)
- ☐ No (**go to question 3**)
- ☐ Not yet determined (**complete just the question 2 comment**)

a. Please indicate the scope of the problem:

- ☐ Internal to the service provider/software vendor **and** affects client banks
- ☐ Internal to the service provider/software vendor only

b. Please indicate which systems are affected (check all that apply):

System description	Processing environment	Institution's est. time to fix
<input type="checkbox"/> Check processing	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Deposits	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ATM	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Payment systems (Fedwire, CHIPS, NYCHA, etc.)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Loans (comm'l/consumer/RE)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Credit card processing	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Trust	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Operating systems	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other systems	<input type="text"/>	<input type="text"/>

If the operating problem(s) are due to another vendor, please provide company name, location (city, state), telephone number, and product name for the 3 most significant problem companies

<input type="text"/>	<input type="text"/>	<input type="text"/>
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- c. Is the operating problem:
- ☐ Organizational wide ☐ Regional ☐ Isolated (head office or data center)
- d. Is the business resumption contingency plan effectively mitigating operating risks?
- ☐ Yes ☐ No ☐ Uncertain ☐ N/A - BRCP not activated

Comment. If the answer to question #2 is **Yes**, please briefly explain any operating problem noted above. If the answer to question #2 is not yet determined, summarize when the servicer/vendor will complete its initial determination that systems are working as expected.

<input type="text"/>

3. Has the service provider or software vendor experienced an operating failure with any of its infrastructure-related systems?

☐ Yes (**complete all of question 3**) ☐ No (**go to question 4**)

- a. Please indicate where the problems are occurring (check all that apply):

Infrastructure type	Institution's est. time to fix
<input type="checkbox"/> Electrical systems	<input type="text"/>
<input type="checkbox"/> Telecommunications systems	<input type="text"/>
<input type="checkbox"/> Water	<input type="text"/>
<input type="checkbox"/> Building operations (elevators, security systems, etc.)	<input type="text"/>

If the operating problem(s) are due to another servicer or vendor, please provide company name, location (city, state) and telephone number for the 3 most significant problem companies

<input type="text"/>	<input type="text"/>	<input type="text"/>
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- b. Is the infrastructure-related problem:

☐ Organizational wide ☐ Regional ☐ Isolated (head office or data center)

- c. Is the business resumption contingency plan effectively mitigating the infrastructure risks?
☐ Yes ☐ No ☐ Uncertain ☐ N/A - BRCP not activated

Comment. If the answer to question #3 is **Yes**, briefly explain any infrastructure-related problems noted above and their effect on the institution's ability to conduct normal business.

4. Has the service provider or software vendor failed to effectively communicate any problem situations to client banks?

☐ Yes (**complete all of question 4**) ☐ No

- a. Does the service provider or software vendor plan to communicate with clients within a reasonable period of time?
☐ Yes ☐ No

Comment. If the answer to question #4 is **Yes**, please briefly explain the status of client communications and your assessment of management's response to the situation.
